P984467 B25833400025

Secretary
Sederal Trade Comission
Room H-159
600 Tenonystrania Cive. NW
Washing ton, D.C.
"16 CFR Part 453"

Gentlemen ;

Heave note:

Letartedwith 2 pre-paid peneral policies from the 1930's or 40's, Policies # 135121 and 135 122 with Delta Life Insurance Co. They were pre-paid peneral for 300.00 each. The on my mom and one on me. I decided to buy up grades because my more wanted a better coffin. Cind I wanted cremation. Resulting in the attacked documents. A

Thy mon has since died resulting in the other attached documents. B

When I went to make the buriel arrangements at Schoen Tuneral Home - 380 & Pontchartrain Dr. Slidelle, 10458 I spoke to funeral director Susan Trovetice. She informed me that I was charged far too much on the upgrades. Often the funeral I complained and got some sate faction

Cectually the only difference should have been the difference in the piece of the coffin which was \$189500 u her of purchased the up grade. One you can see in the final bill the coffin is 2,521.00. Plus a breach of other charges which was probably per paid in the delta policy.

Thow ar for as my policy goes. I was told that i was over charged at least \$1000.00. lacked for that back and was told I couldn't recover that until I died; I told them I was over charged and I wanted the money back. They just blue me off.

Law you help me.

Sincerely:

Pete Van Waesberge J.

3818 Xiviera D.

Slidell, La., 70458

504-641-3069

Pete Van Waesberge, fr 3878 RIVIERA DRIVE SLIDELL, LA 70488

ADVANCED PLANNING OF LOUISIANA INC. **Funeral Prearrangement Contract** Funeral Service Arrangements for:(Insured) Street 3878 Kiliera  $D + \cdot$ Phone (SU) 6 1/- 3069 Date of Birth 8 115 Sex / Height 5-17 Age\_\( \sqrt{1} Weight /2-3 Charges are only for those items that you selected or that are required. If Provider is required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (NOTE: Items below marked "N/S" are not selected.) The Designated Funeral Home "PROVIDER" IS Street 3827 CANAI phleans Phone (504) 482-2111 **Basic Services of Director and Staff** Transportation Equipment & Drivers Other Professional Services (specify): A. Transfer of Deceased ACARE CAS KETINS B. Funeral Vehicle/Hearse B.SANITATION \_ Limousines \*Embalming D. Utility/Service Vehicle Other care of the Deceased (specify) E. Other (specify) Funeral Home Facilities and/or Staff Services: A. Viewing/Visitation Casket General Description: B. Funeral Home Ceremony Jelano Poplan C. Funeral Service/Other Location Alternative Container D. Memorial Service **Outer Burial Container Description** E. Graveside Service Cemeter F. Other (specify) Accommon Arion 5\$ Other Sevices: G. Other (specify) ع/د ( و ا A. Immediate Burial B. Direct Cremation C. Forward/Receive Remains D. Local Press Notice X / E. Other (specify) +AXColumn Total (A) Column Total (B) TOTAL COST OF PREARRANGEMENT Column (A+B) \$ 5955.50 Policy(ies) assigned to fund funeral Down # \*EMBALMING: If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements? such as a direct cremation or immediate burial. If we charged you for embalming we will explain why below. Family preference for funeral with viewing. Other: ACCEPTANCE AUTHORIZATION ACKNOWLEDGMENT and ASSIGNMENT: The signature of the Purchaser and/or Insured, Provider, and Seller denotes acceptance, authorization and acknowledgment of all elements, covenants and assignments (including assignment of the total death

benefits any insurance policy(ies) used to fund this funeral) of this contract. All parties have read and understand this legal agreement,

Insured Leomi VAN WA estergy Purchaser Vete IAN Street3878 Bivery Dr. City SLiDeic A Zip 7045 Signature of Authorized Representative for Provider Signature of Authorized Representative for Seller Dated 5/7/97

NOTICE/OF/RIGHT TO CANCEL:

Purchaser/Insured, may cancel this transaction at any time prior to midnight of third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.

## ADVANCED PLANNING OF LOUISIANA INC. Funeral Prearrangement Contract

Funeral Service Arrangements for: (Insustreet 3878 Kiliera Dr Phone (SU) 64/-3069 Date of Charges are only for those items that you sel crematory to use any items, we will explain to The Designated Funeral Home "PROVI	Birth 8 //8 //5 Sected or that are required. the reasons in writing below	ex Age S Height 5-17 If Provider is required by law or by (NOTE: Items below marked "N/S"	A. Zip 7045 8  Weight 125  a cemetery or	
Street 3827 CAN4/ 51.  Phone (504) 482-2111	City Neu	ONIERNS State Lo	Zip 70119	
Basic Services of Director and Staff Other Professional Services (specify):  ACALE CAS Kefins  B. SANITATION *Embalming Other care of the Deceased (specify) Funeral Home Facilities and/or Staff Ser	\$ \\ \langle \{ \langle \sigma \cdot \sigma \sigm	Transportation Equipment & DA. Transfer of Deceased B. Funeral Vehicle/Hearse C Limousines D. Utility/Service Vehicle E. Other (specify)	S 2/0.00 S 2/0.00 S 2/0.00 S 5 S 75.00 S	
A. Viewing/Visitation B. Funeral Home Ceremony C. Funeral Service/Other Location D. Memorial Service E. Graveside Service F. Other (specify) Accommodation G. Other (specify) D/C(4)	\$ 150.00 \$ 495.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Casket General Description:  De ICNO Poplay  Alternative Container  Outer Burial Container Descrip  Center Sevices:  A. Immediate Burial  B. Direct Cremation  C. Forward/Receive Remains  D. Local Press Notice X /	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Column Total (A)	\$2,560.00	E. Other (specify) +AX Column Total (B)	\$ 175.50 \$3,395.50	
TOTAL COST OF PREARRANGEMENT Column (A+B) \$ 5955.50 less 25% off from Policy(ies) assigned to fund funeral policy # 125121 1/488.88  *EMBALMING: If you selected a funeral that may require embalming, such as a funeral with viewing, you may 4,463 have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements 4444 such as a direct cremation or immediate burial. If we charged you for embalming we will explain why below.  Family preference for funeral with viewing. Other:				
ACCEPTANCE AUTHORIZATION ACKNOWLEDGMENT and ASSIGNMENT:  The signature of the Purchaser and/or Insured, Provider, and Seller denotes acceptance, authorization and acknowledgment of all elements, covenants and assignments (including assignment of the total death benefits any insurance policy(ies) used to fund this funeral) of this contract. All parties have read and understand this legal agreement,  Insured Leomi VAN WA estage Purchaser Lete AN WAESTAGE Phone (504) 641-3069  Street 38 78 Biver Dr. City Sti Dell State LA Zip 70458  Signature of Authorized Representative for Provider  Signature of Authorized Representative for Seller Dated 5/7/9  NOTICE OF RIGHT TO CANCEL:  Purchaser/Insured, may cancel this transaction at any time prior to midnight of third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.				

## Security Industrial Insurance Company DONALDSONVILLE, LOUISIANA

by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS related condition?			APPL	LICATION
1. Proposed insured/Annuitant - First, Middle, Last Name    Com   VAN Was berser				Agency Number
Single Premium Whole Life Rider: Face Amount \$ 2. Current Age   Sex   Birthdate   Birthplace   S   F   S   S   S   S   S   S   S   S	<ol> <li>Proposed Insured/Annuitant - First, Middle, Last</li> </ol>	Name		
2. Current Age   Sex   Sirthdate   Birthplace   S   S   Y   Y   Y   Y   Y   Y   Y   Y				1 400 / 11104111 0
2. Current Age   Sex   Sirthdate   Birthplace   S   S   Y   Y   Y   Y   Y   Y   Y   Y	LEOM! VAN WACS	ber	Ser	Single Premium Whole Life Rider: Face Amount \$
\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	Current Age   Sex   Birthdate			7. Fremlum Amount Paid with Application
3. Residence:  Street 3878	8/ F 0.18-15-1 m.	•		\$
Regular Monthly   Check A-matic   Other	10 10 13 11/A	ND SOL	11e Lr	Payment Frequency:
Number of Payments	J. Residence.	7.		
Social Security Number   Social Security Num				Julion
Social Security Number   Social Security Num	City <u>SL1 DC//</u> St	ate <u>La</u>	<u> </u>	
4. Social Security Number  5. Occupation  ACL QUESTIONS APPLY TO THE PROPOSED INSURED  Give full details for any yes answers to questions  All QUESTIONS APPLY TO THE PROPOSED INSURED  Give full details for any yes answers to questions 11 through 16 in Remarks  Answer only question 11 for annuity applications  11. Is the policy applied for to replace/change any insurance or annuity in this or any company?  12. Have you ever  a. Been treated for alcoholism or drug habits? b. Had insurance declined, rated or postponed?  13. Have you ever had or been advised that you had: a. Any disorder of the heart or circulatory system, high or low blood pressure or chest pain? b. Diabetes, cancer or tumors? c. Any nervous, mental or brain disorder or any dizziness, fainting spells or convulsions? d. Any disease or disorder of the digestive system, respiratory system, nervous system or urinary system? e. Any disease or disorder of the muscles, bones, or joints?  14. During the past 5 years, have you been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS related condition?	Zip 70458 Telephone (504) 64/	- 30	69	
10. Beneficiary (Name and Relationship)  Schoe A  3827 CANAL  Now Of Jeans, La 701/5  ALL QUESTIONS APPLY TO THE PROPOSED INSURED  Give full details for any yes answers to questions 11 through 16 in Remarks  Answer only question 11 for annuity applications  Yes No  11. Is the policy applied for to replace/change any insurance or annuity in this or any company?  12. Have you ever:  a. Been treated for alcoholism or drug habits?  b. Had insurance declined, rated or postponed?  13. Have you ever had or been advised that you had:  a. Any disorder of the heart or circulatory system, high or low blood pressure or chest pain?  b. Diabetes, cancer or tumors?  c. Any nervous, mental or brain disorder or any dizziness, fainting spells or convulsions?  d. Any disease or disorder of the digestive system, respiratory system, nervous system or urinary system?  e. Any disease or disorder of the muscles, bones, or joints?  14. During the past 5 years, have you been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS related condition?				
5. Occupation    Coulse   Coul				
Social and the second state of the disease or disorder of the muscles, bones, or joints?  15. Occupation  ALL QUESTIONS APPLY TO THE PROPOSED INSURED  Give full details for any yes answers to questions 11 through 16 in Remarks Answer only question 11 for annuity applications  Yes No  11. Is the policy applied for to replace/change any insurance or annuity in this or any company?  12. Have you ever:  a. Been treated for alcoholism or drug habits?  b. Had insurance declined, rated or postponed?  13. Have you ever had or been advised that you had:  a. Any disorder of the heart or circulatory system, high or low blood pressure or chest pain?  b. Diabetes, cancer or tumors?  c. Any nervous, mental or brain disorder or any dizziness, fainting spells or convulsions?  d. Any disease or disorder of the digestive system, respiratory system, nervous system or urinary system?  e. Any disease or disorder of the muscles, bones, or joints?  14. During the past 5 years, have you been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS related condition?	1-36019124			
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12. Have you ever:  a. Been treated for alcoholism or drug habits?  b. Had insurance declined, rated or postponed?  13. Have you ever had or been advised that you had:  a. Any disorder of the heart or circulatory system, high or low blood pressure or chest pain?  b. Diabetes, cancer or tumors?  c. Any nervous, mental or brain disorder or any dizziness, fainting spells or convulsions?  d. Any disease or disorder of the digestive system, respiratory system, nervous system or urinary system?  e. Any disease or disorder of the muscles, bones, or joints?  14. During the past 5 years, have you been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS related condition?			~	
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respiratory system, nervous system or urinary system?  e. Any disease or disorder of the muscles, bones, or joints?  14. During the past 5 years, have you been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS related condition?			_	
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by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS related condition?				
Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS related condition?	by a member of the medical profession as having			
AIDS Related Complex (ARC), or an AIDS related condition?	Acquired Immune Deficiency Syndrome (AIDS)		l	
related condition?	AIDS Related Complex (ARC), or an AIDS		j	
	related condition?		l	
Form No. SEC-9606	Form No. SEC-9606	·····		

Continue on Reverse Side

## ADVANCED PLANNING OF LOUISIANA INC.

Funeral Prearrangement Contract

Eumanal Samias Amassassas &	Pater-	112 1/21/11/20	1 2 501-	
Funeral Service Arrangements for:(In Street 3878 B. Viere	isurea) · · · · · ·	W. JAN WHES	BEFJER	
Street 3/0 -BIVIEVE	City SZ	State La	a Zip 7045-8	
Phone (504) 641-3069 Date	of Birth // / 7 / 35	Sex /// Age// Height_5/	<u> 8</u> Weight <u>/ 6-3</u>	
Charges are only for those items that you	selected or that are require	ed. If Provider is required by law or by	v a cemetery or	
crematory to use any items, we will explain			5" are not selected.)	
The Designated Funeral Home "PRO	WIDED! IS SALA.	اده		
Street 3827 CANAL	VIDER IS SCHOOL			
Street SYL/CHNAL	$\rightarrow / \cdot $ City $\wedge / \circ$	E W OFIE ANS State L	2. Zip 10115	
Phone (504) 482-2111			•	
TO 1 6 TO 1 10 10	•	<b>.</b>		
Basic Services of Director and Staff	\$	Transportation Equipment &	Drivers:	
Other Professional Services (specify):		A. Transfer of Deceased	<b>S</b>	
A	<b>s</b>	B. Funeral Vehicle/Hearse	\$	
В	<b>s</b>	C Limousines	\$	
*Embalming	\$	D. Utility/Service Vehicle	S	
Other care of the Deceased (specify)	<u>\$</u>	E. Other (specify) Cler-5 4	\$ 75.07	
Funeral Home Facilities and/or Staff S	Services:	7		
A. Viewing/Visitation	<b>s</b>	Casket General Description: _		
B. Funeral Home Ceremony	<b>\$</b>	Crematory	\$ 200.00	
— C. Funeral Service/Other Location	s 495.00	Alternative Container	<b>S</b>	
D. Memorial Service	\$	Outer Burial Container Descri		
E. Graveside Service	\$	- ALTERNATIVE	s /00·00	
F. Other (specify) URN	\$ 25,00	Other Sevices:		
G. Other (specify) Perm; +	s_ 25.00	A. Immediate Burial	S	
	•	→ B. Direct Cremation	s 895.00	
		C. Forward/Receive Remains	S	
		D. Local Press Notice X /	\$ 80.00	
	- / -	E. Other (specify) $+A$	s 15.75	
Column Total (A)	\$ 545.00	Column Total (B)	s 1,365.75	
			-01 1	
TOTAL COST OF PREARRANGEM	ENT Column (A+B) \$	1710.13 less 23	5/0 gran	
TOTAL COST OF PREARRANGEM Policy(ies) assigned to fund funeral	olicy Credit!	35122 5477.695	-1,433.00 5V	
	•		126	
*EMBALMING: If you selected a fun	eral that may require en	ibalming, such as a funeral with vie	ewing, you may	
have to pay for embalming. You do no	t have to pay for embain	ing you did not approve if you sele	cted arrangements	
such as a direct cremation or immedia	te burial. If we charged	you for embalming we will explain	why below.	
Family preference for funeral w	vith viewing. Other:			
ACCEPTANCE AUTHORIZAT	ION ACKNOWLE	OGMENT and ASSIGNMENT	Γ:	
The signature of the Purchaser and	d/or Insured. Provide	er, and Seller denotes acceptant	ce authorization	
and acknowledgment of all element	ts covenants and assic	nments (including assignment of	of the total death	
benefits any insurance policy(ies) used to fund this funeral) of this contract. All parties have read and				
understand this legal agreement	1 9	74 / / 4 547		
	Purchaser /	elee W. Van Warst Phon	1e(504) 641-3069	
Street 3878 Pinera D	- City Sholiel	State fa-	Zip 7045-8/	
Signature of Authorized Represe	entative for Provider			
Signature of Anthorized Representative for Seller Jain Ruglin				
Dated 5/7/67	Jeliei	ma o ma		
NOTICE OF RIGHT TO CANCEL:				
Purchaser/Insured, may cancel this transa	action at any time prior to	midnight of third business day after	the date of this	
transaction. See the estached nation of an	manifestion from from the	mangator third ousiness day after t	ine date of this	

transaction. See the attached notice of cancellation form for an explanation of this right.

ADVANCED PLANNING OF LOUISIANA INC. Funeral Prearrangement Contract Funeral Service Arrangements for:(Insured) Street 878 Biliera Dr City 5410811 State La Phone (500) 601-3069 Date of Birth 1/17 135 Sex M Height 5/8 Weight 16 Age// Charges are only for those items that you selected or that are required. If Provider is required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (NOTE: Items below marked "N/S" are not selected.) The Designated Funeral Home "PROVIDER" IS Schoen Street 3827 CANAL Orleans State Phone (SOL) 482-211 **Basic Services of Director and Staff** Transportation Equipment & Drivers: Other Professional Services (specify): A. Transfer of Deceased A. B. Funeral Vehicle/Hearse Limousines \*Embalming D. Utility/Service Vehicle Other care of the Deceased (specify) S E. Other (specify) Clers 4 Funeral Home Facilities and/or Staff Services: A. Viewing/Visitation \$ **Casket General Description: B. Funeral Home Ceremony** Crematory C. Funeral Service/Other Location 95.00 Alternative Container S D. Memorial Service Outer Burial Container Description E. Graveside Service S ALTERNATION F. Other (specify) URN 25,00 Other Sevices: G. Other (specify) Permit 25.00 A. Immediate Burial B. Direct Cremation 95.00 C. Forward/Receive Remains D. Local Press Notice X / E. Other (specify) +Ax \$ 545.00 Column Total (A) Column Total (B) TOTAL COST OF PREARRANGEMENT Column (A+B) \$ / Policy(ies) assigned to fund funeral 1/1 & \*EMBALMING: If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such aga direct cremation or immediate burial. If we charged you for embalming we will explain why below. Family preference for funeral with viewing. Other: ACCEPTANCE AUTHORIZATION ACKNOWLEDGMENT and ASSIGNMENT: The signature of the Purchaser and/or Insured, Provider, and Seller denotes acceptance, authorization

and acknowledgment of all elements, covenants and assignments (including assignment of the total death benefits any insurance policy(ies) used to fund this funeral) of this contract. All parties have read and understand this legal agreement,

Insured Leter 10. 1/m. Wheehers Purchaser Leter W. Rencera Dr - City Ala State Signature of Authorized Representative for Provider

Dated NOTICE OF RIGHT'TO CANCEL:

Signature of Anthorized Representative for Seller

Purchaser/Insured, may cancel this transaction at any time prior to midnight of third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.

## Security Industrial Insurance Company DONALDSONVILLE, LOUISIANA

		APPL	ICATION
Agent's Number			Agency Number
7. Proposed Insured/Annuitant - First, Middle, Last	Name		6 Plan 5 PM
Peter W. VAN WAESE	e_	5er	☐ Single Premium Whole Life Rider: Face Amount \$ 1.361
2. Current Age Sex Birthdate	Birthpl	ace	7. Premium Amount Paid with Application
3 Residence: New	\ .=	1 -	sss/36/.00
3. Residence:	<u> 106</u>	1eans	Payment Frequency:
Street 3878 Riviera D	) j		☐ Regular Monthly ☐ Check-A-matic ☐ Other
City 5LiDe// Sta	ate L	<u> </u>	Number of Payments
Zip 70458 Telephone (504) 64			Excess Interest Option     (Life Products Only)
Social Security Number			9. Owner
484212			10. Beneficiary (Name and Relationship)
5. Occupation			- Schoen
	র <b>ক</b>		3827 CAN41
REtired Sples	MAN	4921	NEW OF 1E ANS ILA. 70119
Give full details for a	ny yes r only q	answers ( uestion 1	THE PROPOSED INSURED  o questions 11 through 16 in Remarks  for annuity applications
11. Is the policy applied for to replace/change any	Yes	No	Yes No
insurance or annuity in this or any company?		Z <sup>'</sup>	15. Do you take any prescribed medications on a regular basis?
12. Have you ever:			16. Within the past 5 years have you been examined
a. Been treated for alcoholism or drug habits?		<b>1</b>	or been treated by any physician or practitioner?
<ul><li>b. Had insurance declined, rated or postponed?</li><li>13. Have you ever had or been advised that you had:</li></ul>			If yes, give name and address of attending physician:
a. Any disorder of the heart or circulatory system,			Dr. 11) pics
high or low blood pressure or chest pain?		1	Dr. Weiss
<ul><li>b. Diabetes, cancer or turnors?</li><li>c. Any nervous, mental or brain disorder or any</li></ul>			17. To the host of your knowledge and built
dizziness, fainting spells or convulsions?			17. To the best of your knowledge and belief, are you free from disease?
<ol> <li>Any disease or disorder of the digestive system,</li> </ol>			If no, give full details in Remarks.
respiratory system, nervous system or urinary system?			18. Height: ft. 5 in. 8 Weight / 6 Z lbs.
e. Any disease or disorder of the muscles, bones,			19. Remarks:
or joints?			
4. During the past 5 years, have you been diagnosed			
by a member of the medical profession as having			
Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or an AIDS			
related condition?			
orm No. SEC-9606			





3827 CANAL STREET 504-482-2111

NEW ORLEANS, LA 70119-6036

January 26, 1999

Mr. Peter VanWaesberge 3878 Riviera Drive Slidell, LA 70458

Itemized bill for the funeral of Mrs. Leomie Givens VanWaesberge

PROFESSIONAL SERVICES & MERCHANDISE SELECTED Services of Funeral Director and Staff Embalming Dressing, Casketing & Cosmetology Visitation Funeral Service Prayer cards Burial Permit Transfer of Remains Hearse/Coach and Driver Utility Vehicle and Drive Sales Tax	\$ 1,385.00 330.00 170.00 125.00 375.00 15.00 2.00 210.00 210.00 55.00 233.19
Delano Poplar Walnut Finish Casket Accommodation Items	2,521.00 55.00
Sub-Total	\$ 5,686.19
CASH ADVANCES St. Louis #3 Cemetery Death Certificates -4- Press Notices	620.00 20.00 66.00
Sub-Total	706.00
TOTAL FUNERAL CHARGES	\$ 6,392.19
CREDITS Security Burial Policy \$ 300.00 Security Cash Policy 500.00 Security Advance Planning Policy 4,452.89 Prudential Policy 1,986.06 Burial Policy Discount 2,698.00	9.936.95
REFUND DUE CHECK #35013	\$ 3,544.76 3,544.76 =======

This is their first offer which I turned down.



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Sub-Total \$ !	5,686.19
St. Louis #3 Cemetery Death Certificates -4- Press Notices	620.00 20.00 66.00
Sub-Total	706.00
TOTAL FUNERAL CHARGES \$ 6	6,392.19
Security Burial Policy \$ 300.00 Security Cash Policy 500.00 Security Advance Planning Policy 4,452.89 Prudential Policy 1,986.06 Burial Policy Discount 2,698.00 Special Advance Planning Discount 704.14	
=	0,641.09 ====== 4,248.90
The state of the s	1,248.90

This is the offer of accepted. Please note the difference in the casket prices.



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	b-Total	\$ 5,686.19
CASH ADVANCES St. Louis #3 Cemetery Death Certificates -4- Press Notices		620.00 20.00 66.00
Sul	b-Total	706.00
TOTAL FUNERAL CHARGES		\$ 6,392.19
CREDITS Security Burial Policy Security Cash Policy Security Advance Planning Policy Prudential Policy Burial Policy Discount Special Advance Planning Discount	\$ 300.00 500.00 4,452.89 1,986.06 2,698.00 704.14	
REFUND DUE CHECK		10,641.09 ======= \$ 4,248.90 4,248.90 =======



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CASH ADVANCES St. Louis #3 Cemetery Death Certificates -4- Press Notices	Sub-Total	\$ 5,686.19 620.00 20.00 66.00
•	Sub-Total	706.00
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